

STATE OF COLORADO

COMPANY CHECKLIST FOR **PRENEED FUNERAL CONTRACT** CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/
<p style="text-align: center;">Certification of Compliance</p> <p style="text-align: center;">(To be used with manuscript and prototype preneed contracts)</p>	<ul style="list-style-type: none"> The exact wording of the certification must be used. It must contain an original signature of a company officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign). If the certification is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors as a company officer must accompany each filing. 	<p><u>§10-15-105(1)(b)(II) and (III), C.R.S.</u></p> <p><u>Colorado Bulletin B-4.18</u></p> <p><u>Exhibits: FORM PN</u></p>
<p style="text-align: center;">Listing of New Form(s)</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Annual Report of Forms</p>	<p>Must be a separate document which lists:</p> <ul style="list-style-type: none"> Line of insurance Form Numbers Form Titles Do not submit actual forms (except long term care) Annual reports must be filed prior to July 1 of each year 	<p><u>§10-15-105(1)(b)(II) and (III), C.R.S.</u></p> <p><u>Colorado Regulation 1-1-6</u></p> <p><u>Colorado Bulletin B-4.18</u></p>

PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING

FORM PN

**COLORADO HEALTH COVERAGE CERTIFICATION FORM
FOR ANNUAL REPORTS AND LISTING OF NEW POLICY FORMS**

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

HAVE REVIEWED, SIGNED AND PLACED ON FILE AT THE COMPANY'S OFFICES THE HEALTH COVERAGE COMPLIANCE GUIDE;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH, KNOWLEDGE AND BELIEF, THAT THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE LISTING OF NEW POLICY FORMS, FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

(**Original** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

* *If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

Company Name:	
NAIC CoCode:	
SERFF Filing #:	

FORMS LIST

(Annual Report of Forms or Listing of New Policy Forms)

Line of Insurance	Form Numbers	Form Titles	Description of New Policy Forms	Effective Date

Must attach to filing in SERFF, as well as hitting the submit button below.

Company Name:	
NAIC CoCode:	
SERFF Filing #:	

FORMS LIST

(Annual Report of Forms or Listing of New Policy Forms)

Line of Insurance	Form Numbers	Form Titles	Description of New Policy Forms	Effective Date
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